| | | | | | | | _ | | | | | |
|--------------------|--|-------------------------------------|--|---|--------------|---------------|---------------------|-------------------------------|---------------------------|----------------------------------|-----------------|--|
| | in this information t | | | | | | | | | | | |
| Del | btor 1 | Angelina Ge | eiger | | | | | | | | | |
| | btor 2 buse, if filing) | | | | | | | | | | | |
| Uni | ited States Bankrup | tcy Court for the | : EASTERN DISTRICT | OF PENNSYLVANIA | A | _ | | | | | | |
| Cas | se number 20- | -13311 | | | | | Chec | k if this is | : | | | |
| (If kr | nown) | | | - | | | I A | ın amende | ed filing | | | |
| | | | | | | | | | | g postpetition ollowing date: | | |
| \bigcirc | fficial Form | 1061 | | | | | _ | | | ollowing date: | | |
| | chedule I: | | omo | | | | MM / DD/ YYYY 12/1 | | | | | |
| sup spo atta | plying correct infouse. If you are sep ch a separate she | ormation. If you parated and you | sible. If two married pec are married and not fili Ir spouse is not filing w On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i | s liv nati | ing with on abou | you, incl t your spe | ude inforn ouse. If mo | nation about ore space is | your needed, | |
| 1. | Fill in your empl | oyment | | | | | | | | | | |
| | information. | | | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | | Employment status | ■ Employed | _ | | | ☐ Employed | | | | |
| | | | | ☐ Not employed | | | | ☐ Not employed | | | | |
| | | | Occupation | self employed | | | | | | | | |
| | Include part-time, self-employed wo | | Employer's name | | | | | | | | | |
| | Occupation may i or homemaker, if | | Employer's address | | | | | | | | | |
| | | | How long employed t | here? | | | | _ | | | | |
| Par | rt 2: Give De | tails About Mor | nthly Income | | | | | | | | | |
| spo | use unless you are | separated. | ate you file this form. If | , 3 | ' | , | • | | · | , | J | |
| | e space, attach a se | | ore than one employer, co this form. | ombine the information | on for all e | empi | oyers for | that perso | on on the III | nes below. If | you need | |
| | | | | | | | For Del | btor 1 | | btor 2 or ng spouse | | |
| 2. | | | ry, and commissions (b calculate what the month | | 2. | \$ | | 0.00 | \$ | N/A | | |
| 3. | Estimate and lis | t monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | | |
| 4. | Calculate gross | Income. Add lin | ne 2 + line 3. | | 4. | \$ | - | 0.00 | \$ | N/A | | |

| Deb | tor 1 | Angelina Geiger | _ | Case | number (if known | 20 | -13311 | | |
|-----|-------------|--|-------------|----------|------------------|-------------|-------------|-----------------|-----------------|
| | | | | For | Debtor 1 | F | or Debtor | 2 or | |
| | | | | | | | on-filing s | | |
| | Cop | by line 4 here | 4. | \$ | 0.00 | \$ | | N/A | - |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | N/A | - |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.0 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | | | N/A | _ |
| | 5e. | Insurance | 5e. | \$_ | 0.00 | _ | | N/A | - |
| | 5f. | Domestic support obligations | 5f. | \$ \$ | 0.00 | _ | | N/A | = |
| | 5g. 5h. | Union dues Other deductions. Specify: | 5g. 5h.+ | · . | 0.00 | | | N/A N/A | - |
| • | | · · · · · · · · · · · · · · · · · · · | _ | · · — | | | | | - |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | | | N/A | - |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | | N/A | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | |
| | | monthly net income. | 8a. | \$ | 2,400.00 |) \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | _ : | | N/A | - |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | | | _ | | | - |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | | | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | _ | | N/A | - |
| | 8e. | Social Security | 8e. | \$ | 0.00 |) \$ | | N/A | - |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 |) \$ | | N/A | |
| | 8g. | Pension or retirement income | _ 8g. | \$- | 0.00 | | | N/A | - |
| | 8h. | Other monthly income. Specify: food stamps | 8h.+ | - \$ | 500.00 | | | N/A | - |
| 0 | ۸ ما م | <u>-</u> | | • | | _ | | N1// | |
| 9. | Auc | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,900.00 |) \$ | | N/A | \ |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 2,900.00 + | \$ | N/A | = \$ | 2,900.00 |
| 11. | | | | | | | | | |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | \$ | 2,900.00 |
| | | | | | | | | Combine monthle | ned y income |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | |
| | | Yes. Explain: zoning approved | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill | in this info | rmation to identify yo | our case: | | | l | | | |
|------|----------------------|---|--|---|-------------------------|-------------|--------------------|-------------------------------|---|
| Deb | otor 1 | Angelina Ge | iaer | | | Ch | eck if | this is: | |
| | | | <u> </u> | | - | | An a | amended filing | |
| Deb | otor 2 | | | | | | | | wing postpetition chapter |
| (Spo | ouse, if filing |) | | | | | 13 6 | expenses as of | the following date: |
| Unit | ed States B | ankruptcy Court for the | EASTE | RN DISTRICT OF PENN | ISYLVANIA | | MM | / DD / YYYY | |
| 1 | e number nown) | 20-13311 | | | | | | | |
| Of | fficial I | Form 106J | | | | | | | |
| S | chedu | le J: Your l | Exper | ses | | | | | 12/1 |
| info | ormation. I | | eded, atta y questio | If two married people a ch another sheet to this n. | | | | | |
| 1. | Is this a | joint case? | | | | | | | |
| | | o to line 2. Does Debtor 2 live i | n a separ | ate household? | | | | | |
| | _ | ☐ No ☐ Yes. Debtor 2 mus | st file Offici | al Form 106J-2, <i>Expense</i> | es for Separate House | ehold of De | btor 2 | | |
| 2. | Do you h | nave dependents? | □ No | | | | | | |
| | Do not lis | st Debtor 1 and | Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | | | Dependent's age | Does dependent live with you? | |
| | Do not st depende | ate the names. | | | child | | | 12 | □ No ■ Yes |
| | | | | | | | | | □ No |
| | | | | | child | | | 17 | ■ Yes |
| | | | | | | | | | □ No |
| | | | | | | | | | ☐ Yes |
| | | | | | | | | | □ No □ Yes |
| 3. | expense | expenses include s of people other the and your depende | han $_{f \Box}$ | No Yes | | | <u> </u> | | ☐ Yes |
| Est | imate you | of a date after the k | our bankr | uptcy filing date unless | | | | | apter 13 case to report f the form and fill in the |
| the | | such assistance and | | government assistance luded it on <i>Schedule I:</i> | | | | Your expe | enses |
| 4. | | al or home owners | | ses for your residence. r lot. | . Include first mortgag | e 4. | \$ | | 600.00 |
| | | cluded in line 4: | 5 | | | | | | |
| | 4a. Re | eal estate taxes | | | | 4a. | \$ | | 0.00 |
| | | operty, homeowner's | s, or renter | 's insurance | | 4a. 4b. | . — | | 0.00 |
| | | ome maintenance, re | | | | 4c. | | | 0.00 |
| | | meowner's associat | | | | 4d. | | | 0.00 |
| 5. | Addition | al mortgage payme | ents for yo | our residence, such as h | ome equity loans | 5. | \$ | | 0.00 |

| Debtor 1 | Angelina Geiger | Case number (if known) | 20-13311 |
|------------------|--|------------------------|-----------------------------|
| 6. Utilit | es: | | |
| 6a. | Electricity, heat, natural gas | 6a. \$ | 400.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$ | 50.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 250.00 |
| 6d. | Other. Specify: | 6d. \$ | 0.00 |
| . Food | and housekeeping supplies | 7. \$ | 500.00 |
| . Child | care and children's education costs | 8. \$ | 0.00 |
| . Cloth | ing, laundry, and dry cleaning | 9. \$ | 35.00 |
| 0. Pers | onal care products and services | 10. \$ | 125.00 |
| 1. Medi | cal and dental expenses | 11. \$ | 0.00 |
| 2. Trans | sportation. Include gas, maintenance, bus or train fare. | | |
| | ot include car payments. | 12. \$ | 125.00 |
| 3. Ente | tainment, clubs, recreation, newspapers, magazines, and | books 13. \$ | 50.00 |
| l. Char | itable contributions and religious donations | 14. \$ | 0.00 |
| 5. Insu i | | | |
| | ot include insurance deducted from your pay or included in line | | |
| | Life insurance | 15a. \$ | 0.00 |
| | Health insurance | 15b. \$ | 0.00 |
| | Vehicle insurance | 15c. \$ | 0.00 |
| | Other insurance. Specify: | 15d. \$ | 0.00 |
| | s. Do not include taxes deducted from your pay or included in | | |
| Spec | | 16. \$ | 0.00 |
| | Ilment or lease payments: | 170 °C | 0.00 |
| | Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | Other. Specify: | | 0.00 |
| | Other. Specify: | 17d. \$ | 0.00 |
| | payments of alimony, maintenance, and support that you cted from your pay on line 5, Schedule I, Your Income (Of | | 0.00 |
| | r payments you make to support others who do not live w | | 0.00 |
| Spec | | 19. | 0.00 |
| | r real property expenses not included in lines 4 or 5 of this | | |
| | Mortgages on other property | 20a. \$ | 0.00 |
| | Real estate taxes | 20b. \$ | 0.00 |
| | Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| | r: Specify: | 21. +\$ | 0.00 |
| . 500 | | Σ1. ΙΨ | 0.00 |
| 2. Calc | ulate your monthly expenses | | |
| | Add lines 4 through 21. | \$ | 2,135.00 |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Offi | cial Form 106J-2 \$ | |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | \$ | 2,135.00 |
| | | · | , , |
| | ulate your monthly net income. | | |
| | Copy line 12 (your combined monthly income) from Schedule | | 2,900.00 |
| 23b. | Copy your monthly expenses from line 22c above. | 23b\$ | 2,135.00 |
| 00 - | Cultura at a sum an another a sum and a second seco | | |
| 23c. | Subtract your monthly expenses from your monthly income. | 23c. \$ | 765.00 |
| | The result is your <i>monthly net income</i> . | 200. | |
| For ex | ou expect an increase or decrease in your expenses within tample, do you expect to finish paying for your car loan within the year cation to the terms of your mortgage? | | se or decrease because of a |
| | | 1/2022 | |
| ■ Ye | es. Explain here: resume mortgage payments 4 | WZUZZ | |